THIS FORM MUST BE COMPLETE IN ORDER TO BE ACCEPTED. READ INSTRUCTIONS CAREFULLY.

## STATE OF WEST VIRGINIA Municipal Write-in Candidate's Certificate of Announcement

| I hereby swear and affirm that the following                                                                      | g information is true:                                                    |               |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------|
| (1) Date of Election: (Check one)                                                                                 |                                                                           |               |
| ☐ Primary                                                                                                         | ☐ General                                                                 |               |
| (2) Name of office sought:                                                                                        | Unexpired Term                                                            | ı             |
| (3) Candidate's Legal Name:<br>(First, middle and last name)                                                      |                                                                           |               |
| (4) Candidate's name used in seeking office                                                                       | e:                                                                        |               |
| (5) I am a resident and legally qualified vot                                                                     | er of the county of:                                                      |               |
| (5)(a) <b>Ward</b> : (if applicable)                                                                              |                                                                           |               |
| (6) Current residence address: (Specific address where candidate resides at time of filing. Do not give a P.O. Bo | (x.)                                                                      | _             |
| (7) Mailing Address:<br>(if different from residence)                                                             |                                                                           | _             |
| Daytime Phone                                                                                                     | Email Address                                                             |               |
| Campaign Phone                                                                                                    | Campaign Web Site                                                         |               |
| Campaign Committee Name (if applicable)                                                                           |                                                                           |               |
| I swear and affirm that I am a candidate for thi                                                                  | s office in good faith and I am eligible and qualified to hold this offic | e.            |
| Candidate's Signature (Must be notarized)                                                                         | Date                                                                      |               |
| (Notary Public use only)                                                                                          |                                                                           |               |
| State of, County of                                                                                               |                                                                           |               |
| Subscribed and sworn to before me this                                                                            |                                                                           |               |
| day of                                                                                                            | , 20                                                                      |               |
| Signature of Notary Public or official authorized to g                                                            | ive oaths  Official Form C-7muni                                          | Revised 12/12 |

## Instructions for filing a Write-in Candidate's Certificate of Announcement

Any eligible person who seeks to be elected by write-in votes to an office shall file a write-in candidate's certificate of announcement, under oath, with the proper filing officer and within the required time. (WV Code §3-6-4a)

- (1) Date of the election in which the candidate is seeking office.
- (2) The name of the office sought and the district and division, if any;
- (3) The legal name of the candidate. (First, middle and last);
- (4) The first and last name by which the candidate may be identified in seeking the office;
- (5) The county of residence and a statement that the candidate is a legally qualified voter of the county;
- (5)(a) The ward of residence for candidates elected from specific wards.
- (6) The specific address designating the location at which the candidate resides at the time of filing, including number and street or rural route and box number and city, state and zip code; (DO NOT PROVIDE A P.O. BOX FOR A RESIDENCE ADDRESS)
- (7) Mailing address, if different than residence address.

## **Other Reminders:**

File your Write-in Certificate of Announcement with the municipal clerk/recorder at least 49 days prior to the election. Your Certificate must be *received* by the clerk/recorder by this deadline. Post marks are not acceptable.

Provide all required information. An incomplete filing must be returned.

If your city has adopted the state ethics act, file your Personal Financial Disclosure Form with the WV Ethics Commission. You should receive the ethics form along with this form. If you don't, contact the Ethics Commission at 304-558-0664. This disclosure is due 10 days after you file your Write-in Candidate's Certificate of Announcement.